

**CITY OF HOUSTON
MUNICIPAL COURTS DEPARTMENT
CREDIT CARD PAYMENT BY PHONE**



Defendant's Name: _____

Date: _____ **Time:** _____ AM / PM

Case Number(s)	Amount Due

Total Amount Due:

Credit Card Holder's Name: _____

Relationship to Defendant: _____

Address: _____ **City:** _____

State: _____ **Zip Code:** _____ **Home #:** _____

Work #: _____ **Mobile #:** _____

☐ American Express ☐ Discover ☐ MasterCard ☐ Visa

Credit Card # _____ **Expiration Date:** _____

Processed Date: _____

Processed By (name & payroll #): _____